Discovery Drive, Swiftwater PA, 18370

AVENTIS PASTEUR

BEST AVAILABLE COPY

Fax

RECEIVED CENTRAL FAX CENTER DEC 0 6 2004

USPTO - To: Revocation, Poa-change	From Wendy Edwards
Fax: (703) 872-9306	Pages: 4
Phone:	Date: 12/06/04
Re: Change of Revocation.	,cc:
☐ Urgent ☐ For Review ☐ Please Cor	
application # 09/800	5, 709

This communication (including any attachments) is intended solely for the use of the addressee(s) and may contain information which is privileged, confidential, exempt from disclosure under applicable law or subject to copyright. If you are not an intended recipient, any use, disclosure, distribution, reproduction, review or copying is unauthorized and may be unlawful. If you have received this transmission in error, please notify the sender immediately. Thank you.

PTD/SB/21 (09-04)
Approved for use through 07/31/2008. OMB 0851-0031
U.S. Parent and Trademark Office; U.S. DEPARTMENT OF COMMERCE a collection of information unless it disclave a valid DMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to respond to Application Number 09/806,709 Filing Date TRANSMITTAL Oct. 7, 1999 CENTRAL FAX CENTER First Named Inventor Sheena M. Locemore **FORM** Art Unit Examiner Name (to be used for all correspondence after initial filling) Attorney Docket Number API-1038-31-US Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Drawing(s) Fee Transmittel Form Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Patition Amendment/Reply Petition to Convert to a Proprietary Information Provisional Application After Final Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(a) Other Enclosure(s) (please Identify Terminal Disclalmer below): Extension of Time Request Statement under 37 CFR 3.73 (b). Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Remerks Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Robert-Yoshida Signature Printed name Robert Yosh Reg. No. Date 54, 941 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date 12/06/04 Wendy Edwards Typed or printed name

This collection of information is required by \$7 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by \$5 U.S.C. 122 and \$7 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will yeary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (11-04)
Approved for use through 11/S0/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
o a collection of information unless it displays a valid OMP control of information.

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS** INDICATION FORM

Under the Paperwork Reduction Act of 1995, no persons are re	quired to respond to a collection of info Application Number	09/806,709
POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Filing Date	Oct. 7, 1999
	First Named Inventor	Sheena M. Loosmore
	Title	Protective Recombinant Haemophilus
	Art Unit	
	Examiner Name :	
	Attorney Docket Number	API-103B-31-US

I hereby revoke all previous powers of attorney given in	the above-identified application.		
I hereby appoint:			
Practitioners associated with the Customer Number:			
OR L			
Practitioner(s) named below:	:		
Name	Registration Number		
Robert Yoshida	54,941		
Thomas Bordner	47,436		
Patrick J. Halloran	41,053		
G. Kenneth Smith	43,135		
as my/our attomey(s) or agent(s) to prosecute the application identifie Trademark Office connected therewith.	ed above, and to transact all business in the United States Palent and		
The address associated with the above-mentioned Customer OR The address associated with Customer Number: OR Firm or Individual Name Address	ar Number:		
City	State Zip		
Country	i		
Telephone	Fax		
i am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
SIGNATURE of Applicant or Assignee of Record			
Signature	Date 2 Hearly HUY		
Name John E. Parrish	Tetephone 570-839-4509		
Title and Company V.P. of Intellectual Property			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
"Total of forms are submitted.			

This collection of information is required by 37 CFR 1,31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1,11 and 1,14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/S8/82 (09-04)

Approved for use through 11/30/2005. OMB 0551-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY

AND

CHANGE OF CORRESPONDENCE ADDRESS

Application Number 09/806,709

Filling Date 0ct. 7, 1999

First Named Inventor Sheena M. Loosmore

Art Unit:

Examiner Name

Attorney Docket Number | API-1038-31-US

I hereby revoke all pre	vious powers of attorney given	in the al	ove-ic	ientified applica	ation.	
	ey is submitted herewith.	· · · · · · · · · · · · · · · · · · ·	· :			
OR						
I hereby appoint t	he practitioners associated with t	he Custo	mer Nu	ımber:		
			· ·			
Please change the	correspondence address for the	above-id	entified	application to:		
The address : Customer Nu	associated with mber:					
OR		1: 5				
Firm or Individual Name	Aventis Pasteur					
Address	1 Discovery Drive Bidg. 1- Knerr Bidg.		<u> </u>			
City	Swiftwater	State	PA		Zip	18370
Country	United States	1.	!			
Telephone	570-895-2528		¦Fax !	570-895-2702		
I am the: Applicant/Inventor.						
Assignee of rec	ord of the entire interest. See 37 or 37 CFR 3.73(b) is enclosed. (Fo	om PTO	. SB/96) 			
SIGNATURE of Applicant or Assignee of Record						
Signature	10 ·	<u> </u>	 			
Name John E, Par	ish	i I I Te	lephon	B (570 000 1544		
Date	ntors or assigness of record of the entire intere	<u> </u>	; <u> </u>	010 020 1000	it muidpk	forms if more than one
signature is required, see Delow		1 1				

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO: Time will vary depending upon the individual case. Any commants on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/96 (09-04)
Approved for use through 07/31/2009. OMB 0551-0031
U.S. Palent and Tradsmark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless; it displays a valid OMB control number.

Under the Paparwork Reduction Act of 1990; the persons de 19	1:	, ·
STATEMEN	NT UNDE	R 37 CFR 3.73(b)
Applicant/Patent Owner: Aventis Pasteur Limited	<u> </u>	<u>'</u>
Application No./Patent No.: 09/806,709	Filed/Issue	Date: Oct. 7, 1999
Entitled: Protective Recombinant Heemophilus Influenzae H	ligh Molecul	libr Weight Proteins
	1 1	ť <u>.</u>
Aventts Pasteur Limited (Name of Assignee)	Type of	ation Assignee, e.g., corporation, partnership, university, government agency, etc.)
states that it is: 1 the assignee of the entire right, title, and interes	st; or	ፕ የ !
an assignee of less than the entire right, title an The extent (by percentage) of its ownership into	nd interest. erest is	∬` <u>!</u> %
in the patent application/patent identified above by virt	;	ji
A. An assignment from the inventor(s) of the pate In the United States Patent and Trademark Office thereof is attached.	nt applicati ce at Reel	ion/patent identified above. The assignment was recorded 13342 , Frame 869 , or for which a copy
np	nt application	ion/patent'identified above, to the current assignee as shown
1. From:	To:	that and Trade-out Office of
The document was recorded in the Unite Reel, Frame	eq States F	or for which a copy thereof is attached.
2 From:	To:	
The document was recorded in the Units Reel, Frame	ed States F	Patent and Trademark Office at <u>I'</u> , or for which a copy thereof is attached. II
From: The document was recorded in the Unite	To:	Patent and Trademark Office at
Reel, Frame		atentiand Trademark Office at i_, or for which a copy thereof is attached.
Additional documents in the chain of title are		
Copies of assignments or other documents in the [NOTE: A separate copy (i.e., a true copy of the or Division in accordance with 37 CFR Part 3, in MPEP 302.08]	orioinal ass	lies are attached. Signment document(s)) must be submitted to Assignment oment is to be recorded in the records of the USPTO. <u>See</u>
The undersigned (whose title is supplied below) is au	thorized to	act on behalf of the assignee.
Signature		Date
John E. Parrish	Ш	570-895-4509
Printed or Typed Name	9	Telephone Number
V.P. of Intellectual Property Title	<u> </u>	<u> </u>

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, praparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce Plo. Box 1450, Alexandria, VA 22313-1450. OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need essistance in completing the form, call 1-800-PTO-9199 and select option 2.